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Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:)	Group Art Unit: Unknown
)	
IHDE)	
)	Examiner: Unassigned
Application No: 09/614,065)	
)	Atty. Docket No: ADAPP136
Filed: July 11, 2000)	
)	Date: March 2, 2001
For: METHODS FOR WRITING AND)	
READING COMPRESSED AUDIO DATA)	
_____)	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on March 2, 2001.

Signed: _____

Neely Jo Weldy
Neely Jo Weldy

REQUEST FOR FILING RECEIPT

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JUL 06 2001

Technology Center 2600

Commissioner for Patents
Washington, D. C. 20231

Sir:

Applicant hereby requests a filing receipt for the above-referenced patent application. This application was filed on July 11, 2000, and no filing receipt has been received as of this date.

Applicant believes no fee is due in connection with this request, as no original filing receipt was received. However, if it is determined that any fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 50-0805 (Order No. ADAPP136).

Respectfully submitted
MARTINE PENILLA & KIM, LLP

Albert S. Penilla
Albert S. Penilla, Esq.
Reg. No. 39,487

710 Lakeway Drive, Suite 170
Sunnyvale, CA 94085
Telephone: (408) 749-6900
Fax: (408) 749-6901
Customer Number 25,920

Attorney Docket No. ADAPP136

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Bib Data Sheet

CONFIRMATION NO. 1393

SERIAL NUMBER 09/614,065	FILING DATE 07/11/2000 RULE	CLASS	GROUP ART UNIT 2651	ATTORNEY DOCKET NO. ADAPP136	
APPLICANTS Wayne Ihde, Boulder, CO; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/29/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CO	SHEETS DRAWING 8	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
ADDRESS 25920					
TITLE Methods for optical disc sector verification					
FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		